QUERY CONTROL FORM

Application No. 10 10 5 5 2 3

Examiner-GAU FORTULAG - 17 2 3

Prepared by OB

Tracking Number 5974101

Week Date 715144

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b. Applicant(s)	g. Disclaimer	I. Print Fig.	q. PTOL-85b
c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	t. Other

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